15M 9/

	12755	CERTIFICATI	E OF DEATH	12721
	PLACE OF DEATH a. COUNTY  Kent	MARYLAND	a. STATE  Maryband  b. COUNTY	itution: Residence before ad Kent
1		Married Life	c. CITY OR TOWN (If outside corporate limits, write RI ROCK Hall	JRAL end give nearest town
	d. NAME OF HOSPITAL OR INSTITUTION (if		d. STREET ADDRESS Main St.	e. IS RES ON A YES
	DECEASED (Type or print) Charl	otte Mae Al	kers 4. DATE Month OF DEATH NOV. 13	Dey Year , 1961 19
e	male white	WIDOWEDN'X DIWO CED.	3000. 24, 1073 88 yrs.	onths Days Hours
do	b. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired Housewife FATHER'S NAME	106. KIND OF BUSINESS OR INDUST	Baltimore City, Md.	USA
		enhi	Martha L. Keil	ffel
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)  Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause last.  DUE TO  (b)  DUE TO  (c)	Pulmanar	ecular Clerrois	ONSET AND DE
ERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION  2De. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN  D. (Enter nature of injury in Pert I or Pert II of item 18.)	IN PART 1(a) 19. WAS AU PERFOR YES N
MEDICAL O	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m.		ACE OF INJURY (Home, ferm, tory, streat, office bldg., etc.)	(County) (S
			death occured at 350, from the causes an	
	220 PHYSICIAN'S Norbert	c. Nitsch	ATTENDING MED. PHYS. DIRECTOR PHYS. 22d. ADDRESS  Rock Hall, Md.	11/15/61
]	BUTIAL (Specify) BUTIAL NOV. 16 FUN(RAL) DIRECTOR'S SIGNATURE	6, 1961 St. Pau	or crematory 23d. Location (City, town of Chestery Near - Chester) 25b. REC'D BY REGISTRAR 25b. REGIST	tertown, M

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

finstitution, Residence before admission)

ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? NO T

(Stete)

22b. DATE

(State)

Md

VEN IN PART 1(a) 1 19. WAS AUTOPSY

......, 19.64, that (1) (we) last and on the date stated above.

12. CITIZEN OF WHAT COUNTRY? USA

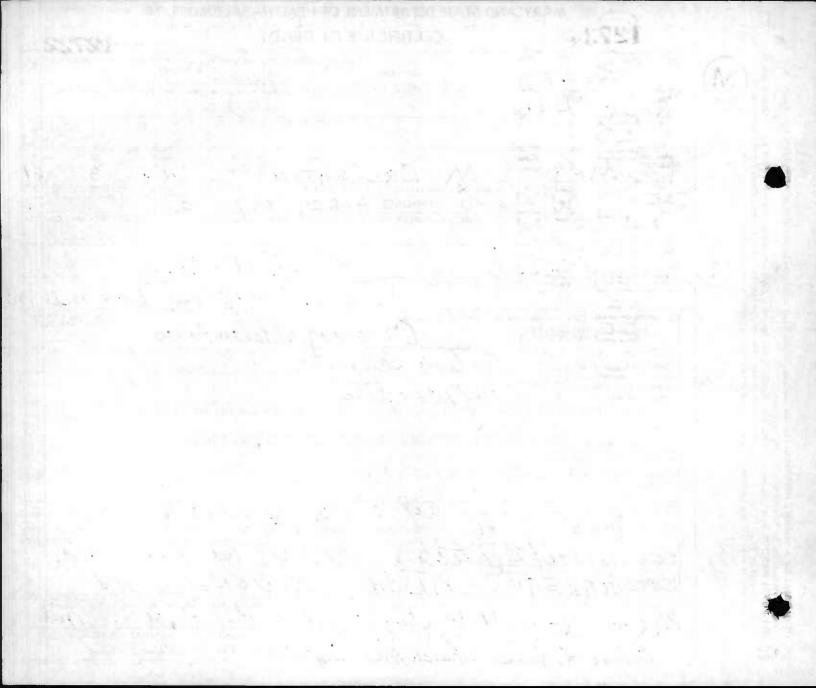
IF UNDER 24 HRS.

Min.

1 10 10 10 1 The public of THE RESERVE OF THE PARTY OF THE Septime in New Line Moments C. Miller AND THE SECOND OF THE PROPERTY AND THE PROPERTY AND ADDRESS OF THE PARTY. Control of the state of the sta

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO FOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death of the property of the hospital or attending physician.

IN FORESTAL DIRECTOR: After this certificate has been signed by the attending physician and consistently filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 hours be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
12723

1.	COLDITY 3	STATE b. COUNTY
	TenT MARYLAND	Ind Kent
	b. CITY OR TOWN (If outside corporate limits,  with RURAL and give nearest town)  Chestertown	CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)  The stretown
1		STREET ADDRESS  113 PROSPECT  ON A FARM?  YES \( \sum NO \( \sum \)
3.	NAME OF DECEASED (Type or print) (YNTHIA LORRAINE)	And OF DEATH November 20 1961
5.	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE  11-  NEGRO WIDOWED DIVORCED 11-	OF BIRTH  9. AGE (In years   FUNDER 1 YEAR   IF UNDER 24 HRS.
do	dona during most of working lifa, even if retirad)	RENT Co. Md. 12. CITIZEN OF WHAT COUNTRY?
15.	13. FATHER'S NAME  TAMES ARCHIE CIAND  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR.  (Yas, no, or unkgwn) ([Kyssgivawarordelasofservice)]	
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ther TAME INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PREMATURI 7	Y - FOETAL ONSET AND DEATH
	762,5  Conditions, if any, which (b)	Atelectasis
	gava rise to immadiate cause (a), stating the underlying cause last.	
ATION		ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION		nature of injury In Part I or Part II of itam 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED 20a. PLACE OF factory, strated at work at work 19 at work 19	NJURY (Home, farm, 2Df. (City or town) (County) (Stata) at, office bldg., atc.)
	21. I certify that (I) (this hospital) attended the deceased from//-20 saw the deceased alive on	occured at 9.4, from the causes and on the date stated above.
	228. SIGNATURE POLLE COSS M.D. A	TTENDING MED. STAFF SIGNED 1/20-6/
	NAME (TYPE) HARRY PAUL ROSS	203 N Queen St Chestocton
23	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CRE REMOVAL (Specify) 1//2 2/6/ Janes Camelo	in Chesterton
24	Lenneth Walley Christopher	Md. DATE NOV 2 4 61 256. REGISTRAR'S SIGNATURE Cuthun S. Thous
2	2072227XV0	

1. 13 4 A Base STORES HEERE OF SHOWS Charles Inch Some a Completely ALLEY A LINE May much and Jallew otomics

FOR STATE HEALTH DEPT. TO I. WITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. To delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to "funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 7 with the State Board of Health, or its designated agent, prior to burial, cremetion, or removal, and in any event within 72 ours after death.

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division) Stystatistical research and records, 301 W. preston street, Baltimore 1, Maryland MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14007

	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission)
	Kent Maryland	• STATE Virginia b. COUNTY Arlington
1	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest lown)
1	Near Rock Hall 28 days	Arlington 83x-3
,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	Chesapeake Bay Area	724 N. Monroe St. YES NO N
	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer OF
	(Type or print) WILLIAM J. HARRIS	DEATH NOV. 10 1961
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [ 8	DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
/	M. W. WIDOWED ☐ DIVORCED ☐	10/8/42   19 yrs.   Months   Deys   Hours   Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Clerk Prison Dept.	New York State U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John C. Harris	Margaret Ellen Carney
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	
	(Yes, no, or unkown) (Ifyesgive werordelesofservice)	hn C. Harris Patchogue L.I. New York
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Probable drowning IMMEDIATE CAUSE (6)	S NO TE DEATH
	Deceased fell or	erboard from a cruiser in the Chesa-
	Conditions, if eny, which peake Bay 11/10/61.	His body washed ashore on the bayside
	geve rise to immediate cause	
	of Swan Point farm	nr. Rock Hall, Md. on 12/7/61.
	(e), signing the underlying	nr. Rock Hall, Md. on 12/7/61.
1	ceuse lest. (c)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
)	ceuse lest. (c)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?
)	Ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (I	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
)	Ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  See above	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?  YES NO
)	Ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  See above	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  (Siete)
)	Ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING  CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURED. (II)  CAUSE OF DEATH.  See above  20c. TIME OF INJURY Month, Dey, Yeer While Not While feet	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
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	Ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  CAUSE OF DEATH.  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 11/10 19 61 et work SEE	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN GIVE
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 11/10 19 61 20d. INJURY OCCURRED (Fed While et work)  21. I certify that I took charge of the remains described above, he	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN GIVE
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING See above  CAUSE OF DEATH.  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 11/10 19 61 et work SEE  21. I certify that I took charge of the remains described above, he death resulted from: Natural causes , Accident , Suice	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 11/10 19 61 et work SEI  21. I certify that I took charge of the remains described above, he death resulted from: Natural causes , Accident , Suice ACTUAL SIGNATURE	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  The neture of injury in Pert I or Pert II of item 18.)  The neture of injury in Pert I or Pert II or Pert
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 11/10 19 61 et work Not While 21. I certify that I took charge of the remains described above, he death resulted from: Natural causes Accident Signature  EXAMINER'S Robert W. Farr, M. D.	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORMED?  YES
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20e. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 11/10 19 61 et work of while work feel work is feel work.  21. I certify that I took charge of the remains described above, he death resulted from: Natural causes Accident Signature  EXAMINER'S ROBERT W. Farr, M. D.  22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  (Slete)  OTHER HOUSE HANNER IN INQUIRE IN PART 1(e)  AND ASSISTANT MEDICAL EXAMINER IN DATE SIGNED  DEPUTY MEDICAL EXAMINER IN TO THE TERMINAL PART 1(e)  Address (Street, city, town, or county)  CREMATORY 22d. LOCATION (City, town, or country)  (Stete)
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20e. EXTERNAL CAUSE WAS PRIMARY Nor CONTRIBUTING CAUSE OF DEATH.  20e. TIME OF INJURY Month, Dey, Year Hour e.m., 11/10 19 61 et work et work SEI  21. I certify that I took charge of the remains described above, he death resulted from: Natural causes Accident Signature  EXAMINER'S Robert W. Farr, M. D.  22e. BURIAL, CREMATION, REMOVAL (Specify) Burial  22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) Burial  20b. DESCRIBE HOW INJURY OCCURED. (II) See above  20e. PLA While Not While et work feet work in feet work in feet work in the second	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO NOTE:  The neture of injury In Pert I or Pert II of item 18.)  CE OF INJURY (Home, farm, 20f. (City or town) (County) (Slete)  Ory, street, office bidg., etc.)  CABOVE  HANKKKKKKK  Id an Autopsy Inspection Inquiry Inqui
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20e. EXTERNAL CAUSE WAS PRIMARY Nor CONTRIBUTING CAUSE OF DEATH.  20e. TIME OF INJURY Month, Dey, Year Hour e.m., 11/10 19 61 et work et work SEI  21. I certify that I took charge of the remains described above, he death resulted from: Natural causes Accident Signature  EXAMINER'S Robert W. Farr, M. D.  22e. BURIAL, CREMATION, REMOVAL (Specify) Burial  22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) Burial  20b. DESCRIBE HOW INJURY OCCURED. (II) See above  20e. PLA While Not While et work feet work in feet work in feet work in the second	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO NOTE:  The neture of injury In Pert I or Pert II of item 18.)  CE OF INJURY (Home, farm, 20f. (City or town) (County) (Slete)  Ory, street, office bidg., etc.)  CABOVE  HANKKKKKKK  Id an Autopsy Inspection Inquiry Inqui
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20e. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 11/10 19 61 et work SEI  21. I certify that I took charge of the remains described above, he death resulted from: Natural causes Accident Signature  EXAMINER'S ROBERT W. Farr, M. D.  22e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  BURIAL, CREMATION, 22b. DATE THEREOF ST. ACCIDENT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO  20e. DESCRIBE HOW INJURY OCCURED. (In provide the contribution of the contribution	TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO NOTE:  The neture of injury In Pert I or Pert II of item 18.)  CE OF INJURY (Home, farm, 20f. (City or town) (County) (Slete)  Ory, street, office bidg., etc.)  CABOVE  HANKKKKKKK  Id an Autopsy Inspection Inquiry Inqui

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VS A1S (4) 15M 9/5B

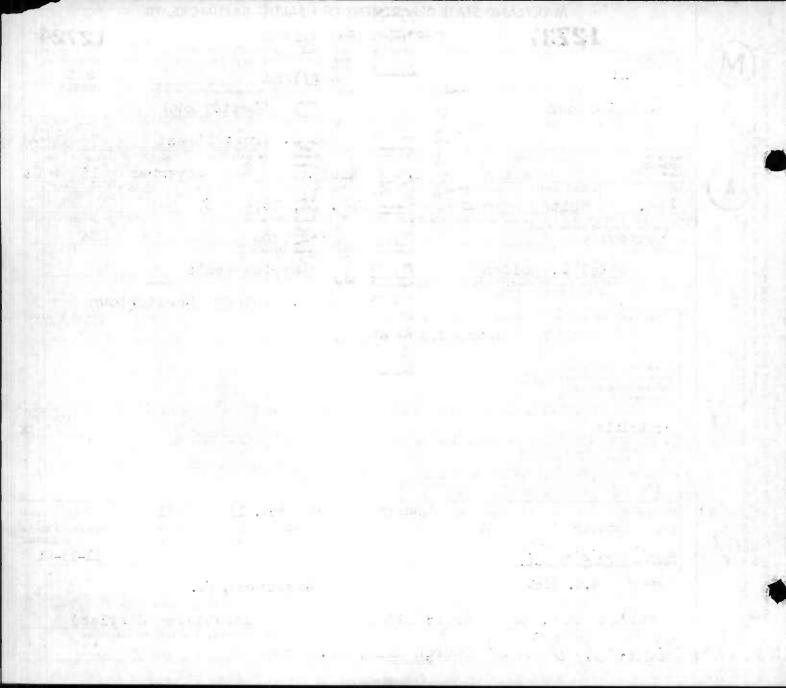
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12737 CERTIFICA

**CERTIFICATE OF DEATH** 

Reg. Dist. No.2724

1. PLACE OF DEATH			MARYLAND	2. USUAL RESID			lived. If institut b. COUNTY			re admiss	sion)
RURAL and give no	If autside carporate limits, searest tawn) ertown	write c. LENGTH OF	STAY IN 1b			autside carpor	ertown	RURAL ond	give nec	arest tawn	a)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give	street address)	26	d. STREET AI		Cross	Street				FARM?
3. NAME OF DECEASED (Type or print)	First Mart		Middle H •	Kaufma		4. DATE OF DEATH	Novem		Do	_	Year 19 61
Fem.	6. COLOR OR RACE 7.		MARRIED	B. DATE OF BIRTH	_	874	9. AGE (In years lost birthday) 87 yrs.	Manths Manths	Days	Haurs	ER 24 HRS. Min.
10a. USUAL OCCUPATIO	ON (Give kind of work don king life, even if retired) 116	e 10b. KIND OF BUSIN	IESS OR INDU	2.5	ryla:	nd	untry)	12.CIT	US US		OUNTRY?
	iel L. Hold		75 2. 5		Mar	tha P					
	R IN U. S. ARMED FORCES (If yes, give wor or dates of service			NFORMANT Holden H	א כ		Add	tert			
Conditions, if o gove rise to i cause (a), stating lying cause last.  PART II. OTH  Arthriti  20a. ACCIDENT WA- OR CONTRIBUTION	DUE TO  ny, which mmediate the under  HER SIGNIFICANT CONDIT  S S UNDERLYING   200   CAUSE OF DEATH	ONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO				VEN IN PAR	RT 1(o) 1	PERFO	AUTOPSY DRMED? NO
UIF EITHER, NOTIFY  20c. TIME OF INJUR  Haur a. m. p. m.	Y Manth, Day, Year	20d. INJURY OCCURR While Nat while of work at wark	fa	ACE OF INJURY (F			ar town)	(	(Caunty)		(Stote)
21. I certify the alive on Oct.  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	ober 6, A.C. Dick	eceased from deceased from dec		occurred at	2:10p	M, from	reet, city ar tawn,	nd on th		stoted	
220. BURIAL, CREMATIC REMOVAL (Specify)	Nov. 18		F CEMETERY O	R CREMATORY		22d. LOCAT	ION (City, town,	2	vla	(State	e)
23. FUNERAL DIRECTOR		ADDRESS	h Hil		24a. REC'	D BY REGISTI	RAR 24b. REG	ISTRAR'S SI	GNATU		



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

0701

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12725 F DEATH

	PLACE OF DEATH	43	- H	A TATE OF	1 2. USUAL	RESIDEN	ICE (Where	deceased lived, If	institution: Resi	dence befo	re admission)
a. COUNTY Kent MARYLAND					*. STATE Maryland b. COUNTY Kent						
		outside corporele limits, giva neerast town)		NGTH OF STAY IN 16	000			porate limits, write	RURAL end g	ve nearest	town)
Chestertown 8 days							ertown	1			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)					d. STREET	T ADDRESS					RESIDENCE
		een Anne's	lospi		230	O Lyn		rg Stre		YES	□ NO 🔀
3.	NAME OF DECEASED	First		Middle	Lasi		4. DATE	Month			Yeer
	(Type or print)	Mary		Matilda	Mil	ler	DEAT	н 11	2	.2	1961
5.	SEX	6. COLOR OR RACE 7. MA	RIED N	EVER MARRIED	8. DATE OF BIR	TH		9. AGE (In years	IF UNDER 1 YE	AR IF UN	DER 24 HRS.
	Female	NT	WED 🙀	DIVORCED _	7/18	/79		last birthdey) 82 yrs.	Months Dey	/s Hour	s Min.
1De	. USUAL OCCUPATION	ON (Give kind of work   1D	. KIND OF	BUSINESS OR INDUS	RY   11. BIRTHPI	ACE (Cou	inty & Stete, o	or foreign country)	12. CITIZEI	N OF WHA	T COUNTRY?
ao	**	usewife			Ma	rylar	nd		11	S.A.	
13	FATHER'S NAME	usewile			14. MOTHER				0.	D.A.	
10.	TATILE STAME	Freeman D	225			known					
15.	WAS DECEASED EVE		00	L SECURITY NO. 17.	INFORMANT			Address			
			lon't	1			<b>C</b> 1		202 /		1
-				IV.	axine	Cain	, Unesi	tertown	, Ma. (n		
		EATH [Enter only one couse	er line for (	a), (b), and (c).]						ONSET AN	
-		MAS CAUSED BY:	lnut	rition						2	
	450.0	DUE TO								2	months
	Conditions, if any,		naro	lized Ar	tentos	aland	neie		100	010.77	TOOME
	geve rise to Immedia	ite cause	nera	TIZEG AL	cerros	rerd	7272		111	any_	years
	(e), stelling the un	DITE TO							2-1		
10	couse lest.	(c)									
NO	PART II. OTHER	SIGNIFICANT CONDITIONS	ONTRIBUT	ING TO DEATH BUT N	OT RELATED TO	THE TERM	INAL DISEASI	CONDITION GIV	EN IN PART 1(	19. WA	S AUTOPSY REORMED?
CATION	Condida.				, ,					VEC T	NO I
FIC	2Do. ACCIDENT WA	y svere and	DESCRIBE H	and peri	pheral	Vasc	cular	insuli:	icienc	у	X
CERTIFI	OR CONTRIBUTING	CAUSE OF DEATH									
K	20c. TIME OF INJUR	Y Month, Dey, Yeer   2	d. INJURY		ACE OF INJURY			ily or lown)	(County	)	(Stete)
MEDICAL	Hour a.m.			71 47 11110	clory, street, offic	e bldg., eld	c.)				
X	p.m.	.,		et work			10			.1 . (1	
	21. I certify th	nat (I) (this hospital) at	ended th	ne deceased from	11/14/	/.6·1····	19, to	11/22/0	51, 19	i, that (I	) (we) last
	saw the decease	ed alive on1.1./.22	167	.19, and the	at death occu	red2at.2	CO. PM fro	m the causes	and on the	date sta	ated above.
	220. SIGNATURA	1 1 1 7			ATTENDI		MED.	STAFF		PD V	22b. DATE SIGNED
	101	en VV Ta	_		M.D. PHYS.		DIRECTOR	PHYS.	11/22	161	SIGINED
	22c. PHYSICIAN'S		-		22d. AD	DRESS			11/6)	#-01	
	NAME (Type)	Robert W. I	ar r		Ch	net	art our	Marz	ಂಗರ		
22	BURIAL, CREMATIC			NAME OF CEMETERY	OR CREMATO	54 30 C	23d. LO	Mary Mary	wn or county)		(Steta)
230	MOVAL (Specify)	11197/11	0		4	,	( )	, 01	1	- 1	1.0
	pureal	11/25/61	7	mes (es	melen	1	no	or	conlor	n, k	Mar.
24	FUNERAL DIRECTOR	S SIGNATURE	9	ADDRESS		25e. RE	C'D BY RÈGI	STRAR 256. RE	GISTRAR'S SIG	NATURE	
19	Kennetti	Misalley	(0	Mosbelle	zu lie	DATE	OV 2 7 '6	51 a.	clus S. H	Traus	

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12738 Tent traly and English at Sheat entirement Light A Cusen which to Boshiek a common Street at the Asia Common and A the long the state of .A.2.U Home Land Cain, Sheeterfor A, M. (wiece) Senition, average and bereingers in the end serve, and there Tayesi Dr. ment of the second second Comment of Brown Constant ( Horn ) Charles with

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 12726

1. PLACE OF DEATH 6. COUNTY  Kent	a. STATE Maryland b. COUNTY Kent
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL and give neerest town married life	Chestertown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
Kent & Queen Anne Hosp. 2 days	Cannon St. YES NXX
3. NAME OF DECEASED (Type or print) Evelyn H. Newton	A. DATE Month Poy Year Nov. 7, 1961 19
The state of the s	ec. 28, 1910  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Deys   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if refired) Laborer various	Isle of Mann British Islands USA
William Hewett	14. MOTHER'S MAIDEN NAME Edith Leigh
15. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. I	INFORMANT Address
no (Ifyesgivewerordetasofservice) 163-09-4 18 Hai	rold R. Newton - Chestertown Md.
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Shock	five days
490 X DUE TO	
Conditions, if eny, which (b) Pneumonia right	lung & left upper lobe week
gave rise to immediata cause	
(e), stating the underlying Couse last.	
(c)	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)   19. WAS AUTOPSY
Electrolyte imbalance & cirrhosi	PERFORMED? YES NO THE
	. (Enter nature of injury In Pert I or Pert II of item 18.)
	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, streat, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	11/4 1961, to11/7 19.61 that (I) (we) las
	death occured at .A.c.M, from the causes and on the date stated above
220. SIGNATURE	ATTENDING MED. STAFF 1/18/6/
22c. PHYSICIAN'S NAME (Type) Robert W. Farr	Chestertown, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Chester Cen	
24 JUNERAL DIRECTOR'S STENATURE ADDRESS Chestertown	n, Md.   250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE   Carthun S. Krause

Argades in Harold R. deston - Chestonichman M.

Photo a reduct income first to the contract and the contract of the contract o

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Everyn H. Mewton

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Electrolyce ambulance a chronota of livery

Here the Constantion May - 100 Mg of the street

TO HOS TRAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death.

Seath.

Yes death.

Yes a may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every, within 72 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12740 CERTIFICATE OF DEATH

- 1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission)
V	a. COUNTY MARYLAND	a. STATE M. C. O. S. COUNTY
1	b. CITY OR TOWN (if outside, corporate limits.   c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
4	write RUBAL and give nearest town)	20 00 11-1-
	Megulin 70 /m;	3 Misfulan
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
1	Llwyn apli.	Lluyer Upls, YES NO D
	3. NAME OF First Middle	Last / 4. DATE / Month Day Year
	(Type or print) Wheeler Brooke	Bukins DEATH UN. 23 196/
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.     last birthday   Months   Days   Hours   Min.
	/- WIDOWED DIVORCED	/26, 7 1883 78 yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-1	Mousekrys in homemaking	Calmit Co. md 4. J. A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	and Dit	1 1/2 1 B. 1 1/2011
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	INFORMANT Address 1,0 9 E.
	(Yas, Do, or unkown) (If yes give war or dates of service)	1 1 1 april 60 4 Throughour
	219-10-4423 //14	, CMM / Cm gsbury / funting lowers VA,
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ceulul Lun	may 30 tunk
	33 1 V DUE TO //	
-1	Conditions, if any, which ) (b) Armen true	10 seas
	gave rise to Immediate cause	
- 1	cause last. (c) Circles Colored	200 10 seans
- 1	(c)	
	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19 WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED? YES NO
	CATIO	PERFORMED?
	208. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO (Enter nature of injury in Part I or Part II of Item 18.)  (CE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State)
	208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED fact	PERFORMED? YES NO (Enter nature of injury in Part I or Part II of item 18.)
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19  20d. INJURY OCCURRED View fact work at work at work   at work   at work   at work	PERFORMED? YES NO COUNTY  NO COUNTY  YES NO COUNTY  NO COUNTY  NO COUNTY  (County)  (County)  (County)
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m 19	PERFORMED? YES NO CE OF INJURY (Home, farm, ory, street, office bidg., etc.)  19 1, to 12 2 3 4, that (I) (we) last
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURED fact at work 21 at work 21. 21. 21. 22. 20c. 21. 22. 20c. 21. 20c.	PERFORMED? YES NO CE OF INJURY (Home, farm, ory, street, office bldg., etc.)  19 4, to 19 4, to 19 4, that (I) (we) last death occurred at 19 4, from the causes and on the date stated above.
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m 19	PERFORMED? YES NO   VES NO    VES NO   VES NO   VES NO   VES NO   VES NO   VES NO   VES NO    VES NO   VES NO   VES NO   VES NO   VES NO   VES NO   VES NO    VES NO   VES NO   VES NO   VES NO   VES NO    VES NO    VES NO    VES NO    VES NO    VES NO    VES NO    VES NO    VES NO    VES NO    VES NO    VES NO    VES NO    VES NO    VES NO    VES NO    VES NO    VES NO    VES NO     VES NO     VES NO     VES NO     VES NO      VES NO       VES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED fact at work at work 21. I certify that (I) (this hospital) attended the deceased from that saw the deceased alive on 19 (, and that 22a. SIGNATURE	PERFORMED? YES NO PERFORMED? YES NO death occurred at Many Medical Med
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m., p.m. 19 20d. INJURY OCCURRED As work at work 21 work at work 21. I certify that (I) (this hospital) attended the deceased from that 22a. SIGNATURE	PERFORMED? YES NO   VES NO   CE OF INJURY (Home, farm, ory, street, office bldg., etc.)  19 1, to 19 1
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m., p.m. 19 20d. INJURY OCCURRED As work at work 121. I certify that (I) (this hospital) attended the deceased from 15 aw the deceased alive on 19 4, and that 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	PERFORMED? YES NO   VES NO   CCE OF INJURY (Home, farm, ory, street, office bldg., etc.)  19 0, to 19 0, that (I) (we) last death occured at Many, from the causes and on the date stated above.  ATTENDING MED. STAFF SIGNED PHYS.   22d. ADDRESS  CLass Farform (US)
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19   20d. INJURY OCCURRED at work   at work   at work   21. I certify that (I) (this hospital) attended the deceased from 15 saw the deceased alive on 19   19   19   19   19   19   19   19	PERFORMED? YES NO   VES NO   CCE OF INJURY (Home, farm, ory, street, office bldg., etc.)  19 0, to 19 0, that (I) (we) last death occured at Many, from the causes and on the date stated above.  ATTENDING MED. STAFF SIGNED PHYS.   22d. ADDRESS  CLass Farform (US)
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m., p.m. 19 20d. INJURY OCCURRED As work at work 121. I certify that (I) (this hospital) attended the deceased from 15 aw the deceased alive on 19 4, and that 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	PERFORMED? YES NO   VES NO   CCE OF INJURY (Home, farm, ory, street, office bldg., etc.)  19 0, to 19 0, that (I) (we) last death occured at Many, from the causes and on the date stated above.  ATTENDING MED. STAFF SIGNED PHYS.   22d. ADDRESS  CLass Farform (US)
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While Not While at work 21. Leftify that (I) (this hospital) attended the deceased from 1 saw the deceased alive on 19 medical examiner.  21. Leftify that (I) (this hospital) attended the deceased from 1 saw the deceased alive on 19 medical examiner.  22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	PERFORMED? YES NO PERFORMED? YES NO CEOF INJURY (Home, farm, ory, street, office bidg., etc.)  Description of the date stated above.  ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. (State)  OR CREMATORY 23d. LOCATION (City, town or county) (State)  County (State)  OR CREMATORY (State)  County (State)
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY   Month, Day, Year   20d. INJURY OCCURRED   While   Not While   at work   at work   at work   at work   at work   at work   21.   Certify that (I) (this hospital) attended the deceased from 19 cm.	DRECTOR PHYS.  206. (City or town)  (County)  (State)  (State)  (State)  (State)  (State)  (County)  (County)  (County)  (State)

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	DIVISION C	of STATISTICAL	MARY RESEA		CORD		TON STREE	LTH ET, BALTIMO	RE 1, MAI	RYLAND	
	PLACE OF DEATH 6. COUNTY Kent	16-6-4-1		MARY	LAND	2. USUAL RESID	ryland	b. COUN	Kent		
	b. CITY OR TOWN (if write RURAL end Better	outside corporete limit give nearast town) <b>CON</b>	s,	5 Years	AY IN 1b		/N (If outside co	orporete limits, write	RURAL and gi	ve neerest t	own)
	d. NAME OF HOSPIT	AL OR INSTITUTION (i	f not in hospi	ital, give street eddi	ress)	d. STREET ADDR	ESS			0	RESIDENCE N A FARM?
3.	NAME OF DECEASED (Type or print)		ietta			Subers	4. DATI	Month TH Novemb		ey Y	61
	Female	6. COLOR OF RACE	7. MARRIED			Jan. 16,	1880	9. AGE (In yeers last birthdey) yrs.	Months Dey	s Hours	ER 24 HRS.
do	ne during most of wor House	ON (Give kind of work king life, even if retire VIIE	10b. KIN	Home	RINDUST	Kent	Mary.	or foreign country)  Land		S. 1	COUNTRY?
13.	FATHER'S NAME Edi	ward Walm	slev			14. MOTHER'S MAID		a Davis			
15. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FOR yes give wer or detas of se	CES?   16. S	ocial security N		obit. M. S		Address	erton,	Md.	
									6 minutes 6 minutes		
	Conditions, if eny, which gove rise to immediate ceuse (a), stating the underlying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  Far advanced senitity								year	·s.	
CERTIFICATION										AUTOPSY FORMED?	
	20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of itam 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJUI Hour a.m. p.m.	RY Month, Dey, Yee	While et work	Not While et work		ACE OF INJURY (Home, ctory, street, office bldg.		City or town)	(County)		(Stete)
						Nov 1				date sta	ed above.
	22a. SIGNATURE  22c. PHYSICIANS NAME (Typl)	allace Ober	whain	our, M.D.	٨	ATTENDING PHYS.  22d. ADDRESS COCI	MED. DIRECTOR	STAFF PHYS.		7	2b. DATE SIGNED NOV 61
23	BURIAL, CREMATIC	23b. DATE THER 11/10/		Crumpt		or CREMATORY Cemetery		umpton,	Mary	land	(Stete)
24	Victor M	s signature.	ly	Still	Pond	1 201		61 25b. REG	GISTRAR'S SIGI		

D CANADA DE LA COLOR Devel 3 Mer viens Betweeton Silvery Silvery Silvery Les Control of the co edde krareli .... Semila Milite was X Jan. 1.6, 1880 181 FEBRURE Houndwille Home Cont Maryland 1. S. V. "Advant walnuley sreat areileneli Money - Realth M. Subert - Petrophen To. Ventra dell'adia di la completa dell'adia dell'adia dell'adia della dell 7.11 Lines, becommon rel is voil if any the state of the the first of the f Maller obequesting N.D. Committee, M. Burling 11/11/61 - Invapor description (strange of 11/11/61) Tietor M. Termedy Still Pond, Mr. make I'm June & nice